



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/760,341 Conformation No. 2235  
Applicant : Robert M. Gruber  
Filed : February 17, 2000  
TC/A.U. : 3629  
Examiner : Richard Woo  
  
Docket No. : 82552  
Customer No. : 24129

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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**AMENDMENT**

Sir:

In response to the Office action of June 16, 2004, please amend the above-identified application as follows:

Amendments to the claims begin on page 3 of this paper.

Remarks/Arguments begin on page 14 of this paper.

Please type a plus sign (+) inside this box +

PTO/SB/21 (08-003)

Approved for use through 07/31/2006. OMB 0651-0031  
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TRANSMITTAL FORM <small>(be used for all correspondence after initial filing)</small>		Application Number 09/760,341
		Filing Date 02/17/2000
		First Named Inventor GRUBER, Robert Michael
		Art Unit 3629
		Examiner Name WOO, Richard
Total Number of Pages in This Submission 24	Attorney Docket Number 82552	

ENCLOSURES (check all that apply)

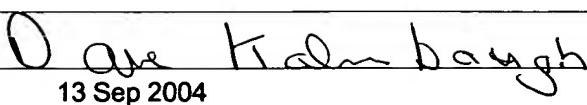
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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits / declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing - related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interference's<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s)<br><i>(Please identify below)</i> |
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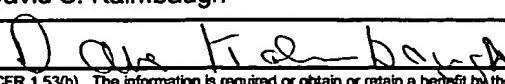
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name David S. Kalmbaugh	29,234
Signature 	
Date 13 Sep 2004	

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or Printed Name David S. Kalmbaugh	Signature 	Date 13 Sep 2004
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